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ABSTRACT

Since a 1970 study found differential mental health standards for men and women, studies evaluating the impact of such standards on psychotherapy treatment plans have been mixed. Two recent investigations were designed to correct for earlier problems in archival research, and a third was designed to correct for the analogue problem of using pseudo-case histories rather than actual working therapist-client pairs. Findings on the treatment plans of experienced therapists from data analyses of the three studies revealed that therapists responded to their perceptions of their client's presenting problems rather than client gender in formulating treatment plans. Therapists tended to focus on specific problem remediators rather than on the less specific cultural traits involving sex roles. The results suggest that in the early stages of therapy, feminine themes such as self-awareness and the ability to communicate may be vital to the creation of a workable therapeutic environment and that these themes are probably more an expression of therapy stage and only incidentally related to gender role. (JAC)

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SYMPOSIUM

Beyond Anecdote and Analogue: "Real World" Research on Gender and Psychotherapy.[1]

Donna Billingsley, Debbara Dingman,

Susan Schrader and Ilene Schroeder

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Beyond Anecdote and Analogue:

"Real World" Research on Gender and Psychotherapy.

Donna Billingsley, Ph.D., Georgia State University, Introduction.

Since Broverman, Broverman, Clarkson, Rosenkrantz and Vogel (1970) published their now well-known finding of differential mental health standards for men and women, studies evaluating the impact of such standards on psychotherapy treatment plans and psychotherapeutic interventions have been mixed. In four recent reviews on sex bias in psychotherapy (Davidson & Abramowitz, 1980; Whitley, 1979; Zeldow, 1978; and Abramowitz & Dokeki, 1977), analogue studies consistently refute claims of bias while archival and anecdotal data seem to support such claims (American Psychological Association, 1975). Unfortunately, the archival and anecdotal data used to suggest bias are overly influenced by recall of dramatic instances and analogue studies are seriously weakened by relying on brief pseudoclient case histories as their stimulus measure. In a time when courts have mandated a right to treatment and the government considers legislation demanding proof of psychotherapeutic efficacy, unresolved questions of possible negative effects in psychotherapy become serious problems indeed.

This symposium presents three research projects and a summary paper. Two projects, utilizing the same data base, are designed to correct for problems in archival research by using random case selection. The third corrects for the analogue problem of utilizing pseudo-case histories rather than working therapist client pairs. Following these, I will summarize the findings and briefly discuss future directions.

Our first presenter is Ilene Schroeder who will discuss overall method for the first two projects and discuss supervisor gender effects. Then Debbara Dingman will present therapist-client gender effects and year of treatment effects. Finally Sue Schrader will

present results on the gender effects in the treatment plans of experienced therapists and their clients.

Ilene Schroeder. Georgia State University. Whose gender counts? Supervisor Effects on the Themes of Psychotherapy.

The first two projects presented generally examine the supervisor, therapist, and client gender effects on process themes for the first twenty sessions of psychotherapy. In addition the second study looks at the impact of increased awareness with respect to gender bias issues.

Originally, 64 cases were selected at random from the inactive files of an urban university clinic. This clinic is a training facility for the graduate psychology department of the university. The cases to be used were selected using a random numbers table. Cases were accepted only if they met certain criteria: no therapist or client was used more than once. Each client had to be seen for at least 20 sessions by the same therapist and that therapist had to be the client's first clinic therapist.

Each of the first 20 sessions were rated for thematic content as perceived and described by the therapist in the case process notes. The rating consisted of 18 socially desirable, sex role stereotypic themes, nine masculine and nine feminine (see Figure 1). These

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Insert Figure 1 about here

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were chosen as representative of traits and behaviors clinicians choose to increase in the process of psychotherapy. Factor analysis of the Bem (1974) Sex Role Inventory and the Broverman (1970) Role Stereotype questionnaire showed these, along with others, to strongly differentiate stereotypic masculine from stereotypic feminine. The 18 themes

are common to other sex role inventories and were judged to have clinical relevance as well.

Each session was rated for a primary and a secondary theme. All the ratings were done by one of two graduate students in psychology. Sixteen of the cases were randomly selected to be rated by both students. Inter-rater reliability was 81%, calculated by dividing agreements by disagreements and agreements. The first reader's ratings were used in the analyses.

I will now describe the data relevant to supervisor effects. There were 19 male and 12 female supervisors. The average supervisor was 47 year old married Caucasian with 12 years post-doctoral therapeutic experience and 10 years supervisory experience. He or she was likely to be a diplomate in clinical psychology. There were no significant gender differences.

The typical therapist was a doctoral candidate in clinical psychology, had three years academic training, one year experience in individual adult psychotherapy and one year additional experience in another psychotherapeutic mode.

The clients were in their late twenties and were employed fulltime in white collar jobs. Sixty percent were single, 17% married, 15% divorced and 8% separated. Ninety-two percent had some college with 26% having a bachelors degree or higher. Eighty five percent were Caucasian. It is important to note that these clients are more typical of client populations in general than of university clinic populations. For example, the average client holds a full-time job and is 27 years of age. The average client experienced mild psychological disturbance typical of psychoneurotic populations.

My question was—Whose Gender Matters? To answer that question I looked at supervisor effects on thematic content. Each case had up to five supervisors, for a total of 142 supervisory groups and an average of slightly over two per case. A supervisor might be used several times or once.

In order to adjust for the lack of independence of data in the design, the log linear model of analysis was used. This model does not require as vigorous a following of the assumptions of independence as do other models of analysis. The log linear analysis uses the row and column totals of the actual data gathered in the study to build an odds chart in which there is an equal chance that any of the possible outcomes will occur. It then compares the actual outcomes to this model and uses a Pearson chi square to determine significance.

The data was developed by generating a score for masculinity or femininity for each group of sessions that were the responsibility of a given supervisor. The score was based on the percentage of rated themes in those sessions that were masculine. A score greater than .500 was indicative of predominately masculine themes, and of less than .500, predominately feminine themes. There were eleven scores that were .500 exactly and these were randomly assigned a masculine or feminine rating.

There were no significant effects for supervisor gender. However, regardless of supervisor gender, there was a significantly greater likelihood that a feminine theme would occur. The most plausible explanantion of this finding is that for this particular group of supervisors, supervisor gender is not a meaningful variable. As empirical findings on supervisor gender effects are absent in the literature, this interpretation requires replication of the study.

Debbara Dingman. Georgia State University. Therapists and Clients at Work: Gender and the Psychotherapeutic Process.

The next study corrects for flaws in both the archival and anecdotal literature and the analogue research by utilizing randomly chosen client cases from an eleven year time span. It assesses the impact of therapist and client gender on therapist reported

thematic emphasis of the first twenty sessions of psychotherapy. In addition, this study explores the validity of Whitley's (1979) suggestion that greater therapist sensitivity to gender issues has reduced gender bias. Because the American Psychological Association began actively educating psychologists about gender issues in 1975, this year was chosen as a dividing point; and contacts occurring between 1969 and 1975 were compared with psychotherapy which took place between 1976 and 1981.

This yields a 2 x 2 x 2 x 2 factorial design with therapist gender, client gender, and year of contact as the three between subject measures, and sex role stereotypy as the within subjects measure with two levels: those being masculinity and femininity. There are seven therapist-client pairs in each of the eight cells of this design. In summary, for each of fifty-six independent participant pairs, therapist reported process notes were rated for two primary themes of emphasis, using the eighteen socially desirable themes described earlier. The stereotypy factor is extracted by dichotomizing these themes into the two levels of masculinity and femininity.

Analyses of variance revealed a significant three-way interaction between client gender, year of contact, and stereotypy, which can be seen on the graph (see Figure 2). Neumann-Keuls test for multiple comparison confirmed the interpretation which

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Insert Figure Two about here

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follows. Female clients, indicated by the circles on the graph, emphasized significantly more stereotypically feminine themes than masculine themes in both time periods sampled. However, the themes stressed by male clients in the years between 1969 and 1975 appear to be different from those between 1976 and 1981. In the earlier time period there is no significant difference between the amount of emphasis placed on

masculine or feminine themes by male clients or on masculine themes by female clients. In the later years, on the other hand, male clients expressed concern with stereotypically feminine issues with significantly greater frequency than found for either gender on masculine themes in either time period. In addition, the frequency of emphasis for male clients of stereotypically maculine themes is significantly less for the clients seen from 1976 to 1981 than in the period between 1969 and 1975.

What we have is an indication of how therapists conceptualize and report on psychotherapeutic sessions. Therapist report after 1975 suggests an absence of gender bias. That is, after 1975, all clients are reported to emphasize signficantly more feminine themes regardless of therapist or client gender. Prior to 1975, however, feminine themes for women were significantly more frequent than masculine themes for women; while for men the frequencies were relatively equal.

Two possibilities occur to us to account for these findings. It is possible that initially there was a bias against women. They were treated differently, with an emphasis on more feminine themes. Men were treated more androgynously, with equal emphasis on masculine and feminine themes. This so-called bias is not evident in later years. An alternative explanation considers the fact that the reported themes are collected from the first twenty sessions of long term psychotherapy. In the early stages of therapy stereotypically feminine issues, such as an awareness of one's own feelings, or expression of feelings, may be most important for all clients.

Susan Schrader. Georgia State University. Gender Bias in Clinical Treatment Plans: Experienced Practitioners and their Clients Report.

In contrast to the results just reported, this research study was an attempt to replicate and extend previous analogue studies of gender bias in clinical judgment and

treatment planning by using an "in vivo" design with practicing psychotherapists and current real clients. The study was designed to test Billingsley's (1977) question: do therapists respond to client pathology in setting treatment goals, or alternately, do they respond to client gender? Using practicing therapists and their real world clients provides the most direct test of this hypothesis.

In this study, 57 highly experienced practicing psychotherapists and one volunteer client from each of the therapists' caseloads participated. Therapists and clients simultaneously reported in separate questionnaires their judgement of the client's presenting problems, treatment goals, expectancy for the number of sessions needed, and amount of therapeutic time necessary to achieve these goals. In addition, therapists reported judgements of severity of disturbance, prognosis, diagnosis, and recommendations of treatment modality. These variables constituted the oprerational definition of treatment plan for this study. The return rate on the questionnaires was 78% for therapists and 71% for clients.

Therapist-participants were chosen from therapist source books, including the Georgia Psychological Association, Division E roster (licensed psychologists) or the National Register. In contrast to other research, we sought a more experienced group of participants, in the belief that these therapists represent a more adequate sample of clinical practitioners than the nondegree or pre-degree therapists likely to be utilized by other research groups. The average therapist participant in this study was a 38-year-old licensed clinical psychologist with eight years of postdoctoral experience in the practice of psychotherapy. Therapists saw an average of thirty clients per week. In addition, the therapists were mostly likely to be categorized as "androgynous" on the Bem (1974) Sex Role Inventory. The 29 male and 28 female therapists did not differ significantly on any of these background characteristics.

Each therapist chose a client-participant, using researcher-provided guidelines for selection. The criterion primarily insured that all clients were adults for whom the therapists had sufficient information to report a treatment plan. Open ended check questions to assess whether therapists chose a "typical" client as a participant confirmed this expectation. Eighteen of the male therapists participated with a male client; eleven with a female client; seven of the female therapists participated with a male client and 21 with a female client. The relatively small number of female therapists paticipating with a male client reflects not sampling error, but a phenomenon of the real world: that female therapists are somewhat less likely to see male clients in psychotherapy, probably because of the relatively small numbers of both women therapists and male clients in the present clinical population.

The 25 male and 32 female clients averaged 34 years of age. 44% were married; 33% single, 13% divorced and the remainder involved in other types of living arrangements. 83% had at least some college, with 60% having a bachelor's degree or higher. The clients had waited an average of 20 weeks to begin therapy after identifying the problems which brought them to therapy. Analyses of variance revealed that the male and female clients did not differ significantly on any of these background characteristics.

The procedure for data collection was as follows: Therapists received a packet containing an informed consent sheet and a two-part questionnaire. The consent sheet briefly described the study as viewing the treatment planning process from both the therapist and client perspectives. Following the informed consent sheet, the first part of the therapist's questionnaire requested background information and orientation. The second section of the therapist questionnaire pertained to the client-participant. Therapists were asked to choose 12 presenting problems which they believed were

troubling their client; these were chosen from a list of 50 items. Therapists were then asked to rank order the top three problems. Next, therapists were asked to choose 12 treatment goals for their clients and to rank order the top three. These goals were also chosen from a list of 50 items, which can be seen on the slide. The list contains treatment goals within five categories. These are stereotypically masculine, stereotypically feminine, neutral, symptom related goals, and affect related goals. The 10 feminine and masculine goals were chosen because they most strongly and clearly differentiated feminine from masculine on factor analyses of the Bem Sex Role Inventory. As can be seen from the figure (see Figure 3), all goals were phrased in a

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Insert Figure 3 about here

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socially desirable manner. The presenting problem and treatment goal checklists were conceptually opposite; however, they were phrased in such a way that a therapist could not simply choose a presenting problem and then choose the treatment goal which was stated the same way. Finally, the therapist was asked to state the severity of their client's problems, their client's diagnosis (taken from DSM III categories), their client's prognosis, and any recommendations for treatment modality.

In their questionnaire, clients reported demographic information, and responded to presenting problem and treatment goal checklists identical to the therapists.

The findings of this project are extensive and only gender related findings are reported here. Results reflect no impact for either therapist or client gender on any aspect of the treatment plan, including therapists' judgement of severity or disturbance, therapists' judgement of prognosis, or therapists' choice of diagnosis. Two by two analyses of variance for severity and prognosis indicated that this group of clients was

mildly disturbed and viewed as having a favorable prognosis. The most common diagnoses were: dysthymic disorder, adjustment disorder, and anxiety reactions.

More importantly, none of the measures of treatment goals reflected any effect for client or therapist gender. Instead, these measures reflect a significant relationship between client judgement of presenting problem, therapist judgement of presenting problem, and the type of goal chosen. For example, an analysis of variance of the number of masculine to number of feminine goals chosen revealed no gender effects but did show a significant positive relationship to the ratio of masculine to feminine presenting problems as reported by both the therapist and by the client. In addition, analyses of variance for the five different types of goals included showed therapists focused significantly more often on symptom and affective goals in their treatment goals. Again, this focus on symptom and affective goals was signficantly related to therapist and client reports of symptomatic and affective presenting problems. For this group, the most frequently chosen goal was to improve interpersonal relationships with adults (symptom goal) followed by decreasing depression and decreasing guilt (both affective goals). Among these three primary goals, no gender effects emerged.

Overall, this group of therapists was quite accurate in choosing presenting problems which matched those of their client, and in choosing treatment goals identical to those their client chose. These therapists chose 6.5/12 presenting problems accurately, and 7/12 treatment goals accurately. Many therapists gave us the feedback that choosing 12 goals was unrealistic; That, in general, they work with three to six goals at any given time for a particular client. Again there was no significant effect for therapist gender, client gender, and no interaction of the two on accuracy of choices.

Finally, covariate analyses were run for each of the therapist and client background variables. None of these had any significant effect on the choice of treatment goals or presenting problems.

In summary this research has continued a long tradition of studies of gender bias in psychotherapy. It has analyzed how one group of 57 highly experienced therapists actually set treatment goals for their clients. The importance of this study lies not only in its assessment of a real-world situation, but also in its use of experienced practitioners. In addition, client reports of both presenting problems and treatment goals are available. This allows us to estimate whether therapists respond to client wishes or alternatively, seek to adjust clients to cultural expectations. Overall, in this study, there were no effects for either therapist or client gender on any aspect of the treatment planning. Rather, therapists responded to client pathology in setting treatment goals, and in all other aspects of the therapeutic process.

Donna Billingsley. Georgia State University. Putting Gender in Its Place:

Future Directions in the Context of Psychotherapy Research.

As psychologists who practice psychotherapy, we live in an challenging era. At a time when third party payers and the Federal government demand proof of efficacy, proclamations of bias in therapeutic judgement and in treatment are rampant in the popular press and in the scientific literature. Empirical finding such as Broverman et al. which support claims of gender bias are frequently cited and the numerous studies demonstrating nonbias or efficacy are roundly criticized for methodological flaws or ignored altogether.

The projects described today are important in that they correct for some methodological flaws in the previous research, including failure to use working therapist-client pairs, while providing information on certain central questions.

Our findings on the treatment plans of experienced therapists suggests that therapists respond to their perceptions of their clients's presenting problems rather than

client gender in formulating treatment plans. Therapists treatment plans were also significantly related to their clients' reports of presenting problems. This provides the first non-analogue evidence for therapist gender objectivity in treatment plans including treatment goal choices.

Our finding of therapists' significantly greater emphasis on symptomatic and affective goals relative to sex role related goals suggests that in terms of treatment plans, therapists tend to focus on specific problem remediators rather than on the less task specific cultural traits involving sex roles.

The above findings reflect on more objective psychotherapy measures. In terms of less objective measures, our finding of a shift toward feminization in the process themes of male clients since 1975 suggests that any initial bias in the early stages of therapy prior to 1975 has been ameliorated: both male and female clients in the post-1975 sample are reported to emphasize significantly more feminine themes early in psychotherapy. While it is possible to argue that this finding reflects a loss of androgeny for male clients since 1975, an alternative is more compelling: in the early stages of therapy feminine themes such as self awareness and the ability to communicate may be vital to the creation of a workable therapeutic frame. While consistent with the concept of femininity, these themes are more probably an expression of therapy stage and only incidentally related to gender role.

Given the history of the impact of empirical research in this area, that is that findings of bias tend to be highlighted and findings of objectivity are deemphasized, we asked ourselves: what encourages the continued belief in gender bias in psychotherapy despite findings to the contrary? Part of this continuation may be attributable to dramatic individual reports of gender bias in clinical practice which are inconsistent with the overall lack of bias found in the empirical data. However, there are more integrative

approaches for resolving the data-informal report inconsistency than simply declaring that there is not gender bias overall.

Our finding for the process measure of themes argues against the possibility that gender bias is more subtle than is detectable in objective measures like treatment plans. More plausible is that in the as yet unexamined middle and later stages therapy is influenced by different process variables than those which influence the early stages. These variables could be sensitive to instances of bias.

In later stages, therapists' focal choices including both theme development and interpretation may become more central. At least two types of therapist themes may impact on the client: transformatory or diminishing themes. Reliance on gender inappropriate cues to develop such themes may be one predictor of dimunition. The impact of the theme's development on the client is another factor: some clients may be relatively unaffected beyond noting a therapist's insensitivity where as others may consider terminating treatment. The irrelevance of these diminishing themes to presenting problems may be another factor predictive of negative effect. It is possible that development of these diminishing themes having had negative impact on some clients could have resulted in the dramatic instances of sexism reported by the APA task force and other groups.

However, even with results of bias in terms of such themes, the lack of gender effects on treatment plans overall would not be negated. Maintaining a sense of this general frame within which instances of bias could be studied more specifically acknowledges the validity of experiential reports of bias while retaining an overall context of nonbias suggested by the empirical findings.

This symposium has had three objectives: to present new data on gender in psychotherapy, to suggest future directions and to stimulate discussion.

At this point the floor is open for questions to the presenters.

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Footnotes

This symposium was presented at the annual meeting of the Southeastern Psychological Association, New Orleans, Louisiana, March 1982. The research reported here reflect the efforts of a research team under the direction of Donna Billingsley, the symposium's chair. Team members are listed in alphabetical order on the cover sheet. Within the text, each team member's name accompanies their primary project.

Requests for reprints or extended reports of this research can be obtained from Donna Billingsley, Ph.D., Department of Psychology, Georgia State University, University Plaza, Atlanta, Georgia, 30303.

Figure 1.

Psychotherapy and Process Themes

Masculine Themes	Feminine Themes
Independence	Ability to express affection
Assertiveness	Gentleness
Ability to take risks	Nurturance
Ability to think logically	Awareness of the feelings of others
Self-confidence	Ability to express emotions
Competitiveness	Helpfulness
Ability to think realistically	Sociability
Directiveness in dealing with others	Awareness of own feelings
Ability to take charge over others	Ability to communicate easily

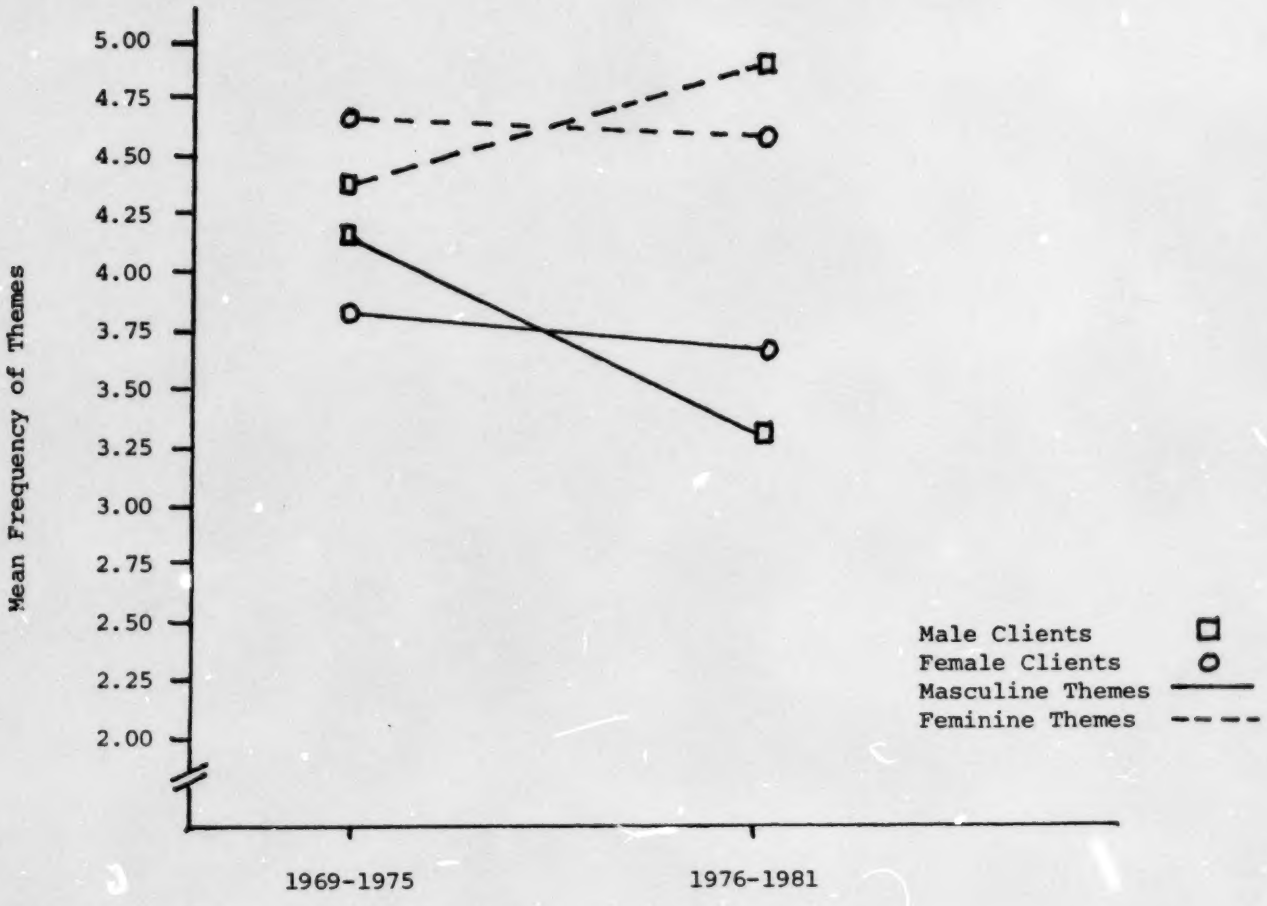

Figure 2

Therapist Reported
Masculine and Feminine Psychotherapy Process Themes

Figure 3

Psychotherapy Goals

Masculine Goals	Feminine Goals	Neutral Goals
Ability to make decisions easily	Ability to empathize or sympathize	Conscientiousness
Ability to stand up for own beliefs	Ability to express affection	Flexibility
Ability to take risks	Ability to express emotions	Friendliness
Ambitiousness	Ability to soothe others' hurt feelings	Happiness
Assertiveness	Compassion	Helpful
Dominance	Gentleness/tenderness	Likeable
Forcefulness	Nurturance	Reliable
Independence	Sensitivity to the needs of others	Sincere
Leadership Ability	Understanding of others	Tactful
Strength of personality	Warmth	Truthful

Symptomatic Goals	Affective Goals
Absence of somatic complaints	Affect or emotional experience
Cognitive clarity	Calm
Effective coping skills	Dignified/self respecting
Improved parenting skills	Enthusiasm
Improved parenting skills	Fulfilled
Improved relationship with family of origin	Hopeful
Improved job/career/school performance	Less depressed or more positive mood
Reduced substance abuse	Not angry
Social involvement	Not guilty
Trusting	Self sufficient